

L12000140303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

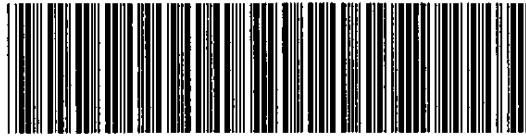
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEASIDE 404 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL RIZZO

Name of Person

P&A ADMINISTRATIVE SERVICES INC

Firm/Company

17 COURT ST SUITE 500

Address

BUFFALO NY 14202

City/State and Zip Code

RIZZOM@PADMIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL RIZZO

Name of Person

at (716)

) **362-5500**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

MAROK

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

SEASIDE 404 LLC

1. Name of the limited liability company: _____

2. (a) 17 COURT STREET SUITE 500 BUFFALO NY 14202 (b) 17 COURT STREET SUITE 500 BUFFALO NY 14202
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 3/10/2017 Date of filing/registration in Florida 4. L12000140303 Document number

5. (a) TOI AHRENS-ESTES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7215 CHATWORTH COURT
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

UNIVERSITY PARK, FL 34201

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

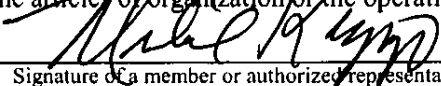
NEW Registered Office Address:

STE 150A

Tampa, FL


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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

MICHAEL RIZZO
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent